BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

_	CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY		
F	OR		NUMBI	ER FILED		NUMBER	EXTRA]	RATE	FEE]	RATE	FEE	
BASIC FEE				等的人,是为1000g			10 10 10 10 10 10 10 10 10 10 10 10 10 1			380.00	OR		760.0	
TOTAL CLAIMS			4	minus 20=		2]	X\$ 9=		OR	X\$18=	360.	
N	NDEPENDENT CLAIMS		ĬI]	X39=		OR	X78=	624	
MULTIPLE DEPENDENT			CLAIM P	CLAIM PRESENT Imn 1 is less than zero, enter "0" in column 2]	+130=		OR	+260=		
* If the difference in col		umn 1 is	Ī					TOTAL		OR	TOTAL	1744		
			IS AS A	MENDED		PART II Column 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENTA		CL REM AF	LAIMS MAINING IFTER NDMENT		I PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE	
アンド	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	***		=		X39=		OR	X78=		
_	FIRST PRESE	ENTAIL	ON OF MU	JLTIPLE DEF	ΈΝυ	ENT CLAIM		1	+130=		OR	+260=		
								L	TOTAL			TOTAL		
			lumn 1)		(C	Column 2)	(Column 3)		NDDIT. FEE		j - ,	ADDIT. FEE]	
ENT B		REM	LAIMS MAINING		ŀ	HIGHEST NUMBER REVIOUSLY	PRESENT		RATE	ADDI- TIONAL		RATE	ADE	
EN			FTER NDMENT			PAID FOR	EXTRA	۱ L		FEE	١ إ		FEI	
NDMEN	Total			Minus			EXTRA	-	X\$ 9=	FEE	OR	X\$18=	FEI	
AMENDMENT	Independent	* *	NDMENT	Minus	**	PAID FOR	=		X\$ 9= X39=	PEE	 	X\$18= X78=	FEI	
AMENDMENT		* *	NDMENT	Minus	**	PAID FOR	=			FEE	OR		FE	
AMENDMENT	Independent	* *	NDMENT	Minus	**	PAID FOR	=	 - - -	X39= +130=	FEE	OR OR	X78= +260=		
AMENDMENT	Independent	* * * (Columbia)	ON OF MU	Minus	*** PEND	PAID FOR DENT CLAIM	=	- - - - -	X39= +130=	FEE	OR OR	X78= +260=	FE	
ပ ပ	Independent	* * * * (Coll CL) REM/AF	ON OF MU	Minus	CO (CI FRI	PAID FOR DENT CLAIM	=		X39= +130= TOTAL DDIT. FEE	ADDI- TIONAL	OR OR	X78= +260=	ADI	
ပ ပ	Independent	* * * * (Coll CL) REM/AF	UMN 1) AIMS IAINING FTER NDMENT	Minus	CO (CI FRI	PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY	(Column 3)		X39= +130= TOTAL DDIT. FEE	ADDI- TIONAL FEE	OR OR OR	X78= +260= TOTAL ADDIT. FEE	ADI	
	Independent FIRST PRESE	(COIL CL) REMAREN	UMN 1) AIMS IAINING TTER NDMENT	Minus JLTIPLE DEP	(CO	COLUMN 2) HIGHEST NUMBER REVIOUSLY PAID FOR	= (Column 3) PRESENT EXTRA		X39= +130= TOTAL DDIT. FEE RATE X\$ 9=	ADDI- TIONAL FEE	OR OR OR	X78= +260= TOTAL ADDIT. FEE RATE X\$18=	ADI	
<u> </u>	Independent FIRST PRESE	(COLUMENT) (COLUM	UMN 1) AIMS IAINING TER NDMENT	Minus JLTIPLE DEP Minus Minus Minus	(CC)	PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	= (Column 3) PRESENT EXTRA		X39= +130= TOTAL DDIT. FEE	ADDI- TIONAL FEE	OR OR OR	X78= +260= TOTAL ADDIT. FEE	AD TIO	

This Form is for INTERNAL PTO USE ONLY It does To get mailed to the appeart.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09.458302

Total Fee Calculation

Total Fee Calculation										
•	Fee Code	Total # Claims	Number Extra	x	Fee	Fcc	-	Total		
	Sm./Lg.				Sm. Entity	Lg. Entity		<u></u>		
Basic Filing Fee	- 201/101					760-		760-		
Total Claims >20	203/103	40 -20 =	20	x		18.	•	3/0-		
Independent Claims >3	202/102	_//	8	x	•	78.		1024-		
Mult. Dep Claim Present	204/104				;		•			
Surcharge	205/105					130:-	æ	130.		
English Translation	119									
TOTAL FEE CALCULA	TION				• •		ı	1874.		
Fees due upon filing th	ne application:									
Total Filing Fees Due	- s	1874		-	,					
Less Filing Fees Submi	ined - \$		·	_		•				
BALANCE DUE (8 19 0) Office of Initial Palent E	= \$	1874	_	-						
	·		•					•		

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)